

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	VAN		08-03-01
O.I.P.E. CLASSIFIER		59	8/91
FORMALITY REVIEW	CY	1122	09/12/01
RESPONSE FORMALITY REVIEW	MFB	954	2/26/02

## INDEX OF CLAIMS

✓ ..... Rejected  
 = ..... Allowed  
 - (Through numeral)... Canceled  
 ÷ ..... Restricted

N ..... Non-elected  
 I ..... Interference  
 A ..... Appeal  
 O ..... Objected

Claim	Date
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Claim	Date
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Claim	Date
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If more than 150 claims or 10 actions  
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